

## PROJECT TEAM LIST

**Facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Project No.:** \_\_\_\_\_

NAME	TITLE	PHONE	FAX	E-MAIL
<b>OWNER</b>				
Superintendent of Schools				
Building Comm. Chairman				
Others				
<b>OWNER'S REPRESENTATIVE (Project Manager-facilitator)</b>				
<b>CONSTRUCTION MANAGER</b>				
<b>DESIGN TEAM</b>				
Architect				
M/E/P Engineers				
Structural Engineer				
Landscape Architect				
Civil Engineer				
Others				
<b>CONSULTANTS</b>				
Code				
Acoustical				
Kitchen				
LEED				
Environmental				
Others				
<b>COMMISSIONING AGENT</b>				
<b>TOWN CODE OFFICIALS</b>				
Building Inspector				
Fire Marshal				
Sanitarian/Health Inspector				
ADA/504 Coordinator				